



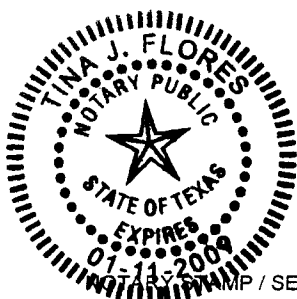
AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Filer name <div style="font-size: 1.2em; font-family: cursive;">HOWARD W. PEAK</div>	Account # <div style="height: 40px;"></div>
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OFFICE USE ONLY	
Date Received	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED CITY OF SAN ANTONIO CITY CLERK </div>
Date Hand-delivered or Date Postmarked	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2006 JUL 17 P 2:35 </div>
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$20,000 in political contributions or made more than \$20,000 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$20,000 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the City Clerk Finance report due on 7-17-06. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.



 Signature of Candidate or Officeholder

Sworn to and subscribed before me by Howard W. Peak this, the 17th day of July, 2006, to certify which, witness my hand and seal of office.

 Signature of officer administering oath

TINA J. FLORES

 Print name of officer administering oath

Notary

 Title of officer administering oath

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER.**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

5

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

2008 JUL 17
CITY OF SAN ANTONIO
RECEIVED

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

HOWARD

W.

PEAK

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

238 MEDFORD Dr.

SAN ANTONIO, TEXAS 78209

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 826-5481

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

CHARLIE

AMATO

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9311 SAN PEDRO SAN ANTONIO, TEXAS 78216

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 525-1241

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

1/01/06

6/30/06

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

HOWARD W. PEAK

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

RECEIVED
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CITY CLERK
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18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

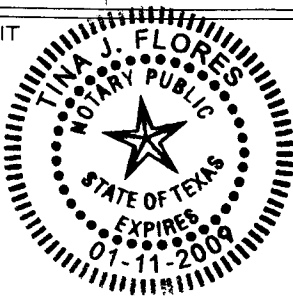
\$

700.00

30,888.39

- 0 -

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

DLR

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Howard W. Peak, this the 17th day of July, 20 06, to certify which, witness my hand and seal of office.

Tina J. Flores
Signature of officer administering oath

TINA J. FLORES
Printed name of officer administering oath

notary
Title of officer administering oath

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Howard W. Peak</div>		3 ACCOUNT # (Ethics Commission filers)	

4 Date <div style="font-size: 1.2em; font-family: cursive;">3/23/06</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 5 Payee name <div style="font-size: 1.2em; font-family: cursive;">Austin Children's Shelter</div> </div> <div style="width: 45%;"> 8 Amount (\$) <div style="font-size: 1.2em; font-family: cursive;">\$ 100⁰⁰</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> 6 Payee address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">P.O. Box 684213 Austin, Texas 78768</div> </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> 7 Purpose of expenditure (See instructions regarding type of information required.) <div style="font-size: 1.2em; font-family: cursive;">Donation</div> </div> <div style="width: 45%;"> <input type="checkbox"/> Reimbursement from political contributions intended </div> </div>	
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Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Payee name Payee address; City; State; Zip Code </div> <div style="width: 45%;"> Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Purpose of expenditure (See instructions regarding type of information required.) </div> <div style="width: 45%;"> <input type="checkbox"/> Reimbursement from political contributions intended </div> </div>	
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Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Payee name Payee address; City; State; Zip Code </div> <div style="width: 45%;"> Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Purpose of expenditure (See instructions regarding type of information required.) </div> <div style="width: 45%;"> <input type="checkbox"/> Reimbursement from political contributions intended </div> </div>	
------	--	--

Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Payee name Payee address; City; State; Zip Code </div> <div style="width: 45%;"> Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Purpose of expenditure (See instructions regarding type of information required.) </div> <div style="width: 45%;"> <input type="checkbox"/> Reimbursement from political contributions intended </div> </div>	
------	--	--

Date	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Payee name Payee address; City; State; Zip Code </div> <div style="width: 45%;"> Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> Purpose of expenditure (See instructions regarding type of information required.) </div> <div style="width: 45%;"> <input type="checkbox"/> Reimbursement from political contributions intended </div> </div>	
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

1

2 FILER NAME

Howard W. Peak

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/8/06

5 Payee name

BLESSED SACRAMENT ACADEMY

6 Payee address; City; State; Zip Code

1135 MISSION ROAD, SAN ANTONIO, TX 78210

7 Purpose of expenditure (See instructions regarding type of information required.)

DONATION

8 Amount (\$)

\$ 500.00

Date

4/17/06

Payee name

HOWARD W. PEAK

Payee address; City; State; Zip Code

238 MEDFORD DR., SAN ANTONIO, TX 78209

Purpose of expenditure (See instructions regarding type of information required.)

REIMBURSEMENT - SEE SCHEDULE G

Amount (\$)

\$ 100.00

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

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CITY OF SAN ANTONIO
OFFICE OF THE CLERK
2006 JUL 17 P 2:35

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

